

(CIRCUIT/CHANCERY) COURT OF TENNESSEE  
140 ADAMS AVENUE, MEMPHIS, TENNESSEE 38103  
FOR THE THIRTIETH JUDICIAL DISTRICT AT MEMPHIS

## SUMMONS IN CIVIL ACTION

Docket No. CF-004069-12
☒ Lawsuit  
☐ Divorce

Ad Damnum \$ \_\_\_\_\_

FRANKIE JEAN COLLINS, as Biological Daughter  
and on behalf of the Wrongful Death Beneficiaries of  
ELNORA PARRETT, Deceased

VS

SOUTH PARKWAY ASSOCIATES, L.P. d/b/a  
PARKWAY HEALTH & REHABILITATION CENTER

Plaintiff(s)

Defendant(s)

TO: (Name and Address of Defendant (One defendant per summons))

CT CORPORATION, as Registered Agent for  
SOUTH PARKWAY ASSOCIATES, L.P. d/b/a  
PARKWAY HEALTH & REHABILITATION CENTER  
800 S. Gay Street, Suite 2021  
Knoxville, TN 37929

Method of Service:

- ☒ Certified Mail  
☐ Shelby County Sheriff  
☐ Commissioner of Insurance (\$)  
☐ Secretary of State (\$)  
☐ Other TN County Sheriff (\$)  
☒ Private Process Server  
☐ Other

(\$ Attach Required Fees

You are hereby summoned and required to defend a civil action by filing your answer with the Clerk of the Court and serving a copy of your answer to the Complaint on PARKE S. MORRIS, ESQ. Plaintiff's attorney, whose address is 50 FRAZIER AVENUE, SUITE 300, CHATTANOOGA TN 37405, telephone 4234449125 within THIRTY (30) DAYS after this summons has been served upon you, not including the day of service. If you fail to do so, a judgment by default may be taken against you for the relief demanded in the Complaint.

JIMMY MOORE, Clerk / DONNA RUSSELL, Clerk and Master

TESTED AND ISSUED

9-20-12

By

D.C.

TO THE DEFENDANT:

NOTICE: Pursuant to Chapter 919 of the Public Acts of 1980, you are hereby given the following notice:

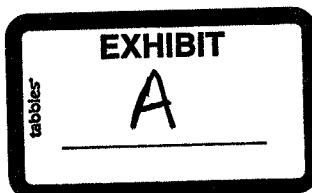
Tennessee law provides a four thousand dollar (\$4,000) personal property exemption from execution or seizure to satisfy a judgment. If a judgment should be entered against you in this action and you wish to claim property as exempt, you must file a written list, under oath, of the items you wish to claim as exempt with the Clerk of the Court. The list may be filed at any time and may be changed by you thereafter as necessary; however, unless it is filed before the judgment becomes final, it will not be effective as to any execution or garnishment issued prior to the filing of the list. Certain items are automatically exempt by law and do not need to be listed. These include items of necessary wearing apparel (clothing) for yourself and your family and trunks or other receptacles necessary to contain such apparel, family portraits, the family Bible and school books. Should any of these items be seized, you would have the right to recover them. If you do not understand your exemption right or how to exercise it, you may wish to seek the counsel of a lawyer.

FOR AMERICANS WITH DISABILITIES ACT (ADA) ASSISTANCE ONLY, CALL (901) 379-7895

I, JIMMY MOORE / DONNA RUSSELL, Clerk of the Court,  
Shelby County, Tennessee, certify this to be a true and  
accurate copy as filed this

JIMMY MOORE, Clerk / DONNA RUSSELL, Clerk and Master

By: \_\_\_\_\_, D.C.



IN THE CIRCUIT COURT OF TENNESSEE  
FOR THE 30TH JUDICIAL DISTRICT SHELBY COUNTY AT MEMPHIS,  
TENNESSEE

FRANKIE JEAN COLLINS, as  
Biological Daughter and on behalf of the Wrongful  
Death Beneficiaries of ELNORA PARRETT, Deceased

Plaintiffs,

vs.

SOUTH PARKWAY ASSOCIATES, L.P. d/b/a  
PARKWAY HEALTH & REHABILITATION CENTER

Defendant.

**FILED**  
SEP 20 2012  
CIRCUIT COURT CLERK  
BY \_\_\_\_\_ D.C.

Docket No. CT004069-12  
JURY DEMANDED

Div. II

**COMPLAINT FOR WRONGFUL DEATH**

Plaintiffs assert this claim for Wrongful Death against the Defendant and would state as follows.

**I. PARTIES**

1. Plaintiff Frankie Jean Collins is the biological daughter of Elnora Parrett who died unmarried.

2. Elnora Parrett died on November 13, 2011.

3. Defendant South Parkway Associates, L.P. d/b/a Parkway Health and Rehabilitation Center is an active Georgia limited partnership with its principal place of business located at 400 Bombay Lane, Atlanta, GA 30076. Its registered agent for service of process is CT Corporation System, 800 S. Gay Street, Suit 2021, Knoxville, TN 37929-9710.

4. Upon information and belief, the above-named defendant was actively involved in managing the defendant nursing home and played a role either directly or through the actions of health care providers in deviating from the standard of care.

5. The Defendant is vicariously liable for the negligent actions of its employees and/or agents who were working at Parkway Health and Rehabilitation Center while Elnora Parrett was a resident of the Parkway Nursing Home under the legal principles of vicarious liability and respondent superior.

## **II. JURISDICTION & VENUE**

6. All events which form the basis of this Complaint occurred in Memphis, Shelby County, Tennessee.

7. Venue is properly situated in Shelby County pursuant to Tenn. Code Ann. 20-4-101(a) and (b).

8. This Court has jurisdiction of this matter pursuant to Tenn. Code Ann. 16-10-101.

## **III. DEMAND FOR JURY**

9. Plaintiffs demand a jury pursuant to the Tennessee Constitution and Rule 38 of the Tennessee Rules of Civil Procedure.

## **IV. GENERAL ALLEGATIONS AND FACTS**

10. Elnora Parrett arrived at Parkway Nursing Home on September 22, 2011 to receive rehabilitative therapy after suffering a stroke at home where she lived. She was at Methodist Central Hospital from September 17-22, 2011. There was no documented skin breakdown of any type on entry into Parkway and there were no initial physician orders pertaining to any treatment for any type of skin breakdown. A physical therapy note

generated September 23, 2011 documents that her "Skin Integrity = Intact." (Page 87/112). The Physical Therapy notes also reveal that the Defendant was aware that due to her recent stroke, Ms. Parrett was at heightened risk for the development of pressure sores. (Page 88/112).

11. On admission to Parkway, there were no physician orders to treat any skin breakdown because none existed.

12. On September 29, 2011 skilled physical therapy notes indicate that "Patient is progressing with current treatment interventions and POT."

13. On October 6, 2011 at 4:20 am, charting reveals the presence of a "quarter size open area to left side of sacrum and a nickel size right side of sacrum." A physician wound treatment order was created and signed by Dr. Hines on October 12, 2012.

14. On October 12, 2011 a Progress Note dictated by the treating physician, Dr. Hines, failed to even mention the presence of any skin breakdown nor any change in Ms. Parrett's weight or eating habits.

15. On Thursday, October 20, 2011 PT Therapy Progress Notes indicate that "Wound nurse request for patient not to be up in W/C any longer than 2/hrs. secondary to sacral wound."

16. On Friday, October 21, 2011, Physical Therapy again notes "Patient demonstrates good rehab potential as evidenced by high PLOF, participation in passive activity and supportive staff." (Page 107/112)

17. Dr. Hines' Progress Note on October 26, 2012 notes that the sacral pressure ulcer "worsened over the weekend [Sat., October 22--Sun, Oct 23, 2011] to its current process." Dr. Hines' note also indicates that for the last two days Ms. Parrett "has eaten extremely poorly" and that "[t]he patient is completely disoriented today. She is staring

straight ahead with a blank stare and is unable to interact with examiner at all. During prior examinations the patient has been talkative.” Upon visiting and physically examining Ms. Parrett on Wednesday, October 26, 2011, Dr. Hines ordered that she be sent to the hospital.

18. A 12:30 pm transfer note created by Parkway staff indicated that Ms. Parrett had been running a low grade temperature for the last two days and that she was lethargic and not responding like she used to” and that she had bilateral wheezing in her lung fields.

19. Dr. Hines’ October 26, 2011 Progress Note fails to mention any presence of a fever, bilateral wheezing, any signs of dehydration, or reduced blood pressure although staff were not able to find a vein to get an IV started. This note also relates that she had an un-stageable sacral pressure ulcer although an October 26, 2011 Progress Note actually created after Ms. Parrett was no longer even at the nursing home stated that the sacral wound bed contained “stable yellow slough” and that wound care powder and an enzymatic debrider were “applied to cavity.” There is no mention in Dr. Hines’ Progress Note that he was ever informed of her continuing low grade fever or that she was no longer responding like she normally did.

20. The chart produced by the Defendant does not contain any medical records that reveal any of Ms. Parrett’s Activities of Daily Living, nor any MDS forms, nor any wound care treatment notes, nor any input/output charting.

21. On October 26, 2011 at 1:02 pm, Elnora Parrett left Parkway Nursing Home and only a few minutes later, at or around 1:13 pm, Elnora Parrett entered Methodist Central Hospital where she was found to have an infected Stage 4 sacral decubitous ulcer. One treating physician at Methodist notated that “Nursing staff have reported a very large necrotic foul-smelling sacral decubitous ulcer on their initial evaluation.” There was no mention among staff at the hospital that the wound was unstageable or that it was merely a Stage 3.

22. Ms. Parrett's lab values on entry to Methodist Central also revealed a person with an extreme systemic infection who was malnourished and dehydrated. Ms. Parrett's White Blood Cell (WBC) was 36,000 (normal 4,000-10,000); BUN 74 (normal 7-26); Sodium 149 (Normal 135-145); Creatinine 1.3 (Normal 0.6-1.1); and an Albumin of 1.8 (Normal 3.5-5.0.)

23. The last information provided to Methodist Central by staff at Parkway Nursing Home on October 26, 2011 indicated that Elnora Parrett had diminished mental status and a Stage 3 pressure sore. There was no mention on this transfer form of dehydration, change in eating status, recent fever, or a worsening sacral pressure sore that had become infected. This Transfer Note also stated that her Blood Pressure was 90/41 which is extremely low and not compatible with long term life.

**V. CLAIM FOR VIOLATION OF THE TENNESSEE HEALTH CARE LIABILITY ACT, f/k/a THE TENNESSEE MEDICAL MALPRACTICE ACT**

24. The Defendant failed to timely notify the treating physician of a significant change in Ms. Parrett's condition and failed to properly notice the significant decline in the condition of her sacral pressure ulcer. The facility also failed to properly turn and reposition Ms. Parrett thereby causing the initial development of the bedsore and its subsequent worsening. These failures constitute deviations in the nursing standard of care for a nursing home located in Shelby County, Tennessee. These nursing failures are the proximate cause of the development and worsening of the sacral pressure ulcer that ultimately led to Ms. Parrett's death. Stated otherwise, but for the facility's failure turn and reposition Ms. Parrett every two hours, combined with their subsequent failure to timely notify the treating physician and the family of a change in the sacral wound's condition, Ms. Parrett would not have suffered the mental and physical pain and suffering that she did from the creation of

the sacral pressure sore and she also would not have died. Her death was due to the medical negligence of the Defendant.

**VI. COMPLIANCE WITH NOTICE OF INTENT AND  
CERTIFICATE OF GOOD FAITH REQUIREMENT UNDER  
REVISED TENNESSEE HEALTH CARE LIABILITY ACT**

28. On both November 22, 2011 and January 10, 2012 Plaintiff's counsel sent a formal Notice of Intent to Suit the named Defendants in this case. Affidavits attached to this Complaint confirm as such. The Notice of Intent was sent via Certified Mail, Return Receipt Requested with a certificate of mailing to CT Corporation, as the Registered Agent for South Parkway Associates, L.P.

29. It has been more than 60 days since the Notice of Intent was delivered to the registered agents for the named defendant. **Exhibit 1** is a copy of the Notice of Intent to Suit letter and proof of service and dated Certificate of Mailing is attached.

30. Additionally, Plaintiffs have sent the medical records produced by the Defendant and also the records from Ms. Parrett's hospitalization at Methodist Central to a double board certified internist who is also the Medical Director for a nursing home and who is familiar with the standard of care for a nursing home facility located in Shelby County, Tennessee. He has also been previously tendered and accepted as an expert familiar with the standard of care for a nursing home located in Shelby County, Tennessee and an expert qualified to render an opinion as to cause of death in a nursing home negligence lawsuit filed in Shelby County, Tennessee that proceeded to verdict for the Plaintiff. Prior to filing this Complaint, Plaintiff's counsel received a signed and dated letter on this expert's letterhead stating that this was a case with legal merit and that but for the failure of the Defendant to meet the nursing standard of care for a nursing home located in Shelby

County, Tennessee, Ms. Parrett would not have obtained this Stage 4 sacral pressure ulcer and would not have lost her life. The letter certifies that this is a wrongful death case with legal merit. Plaintiff's counsel has never been found in violation of Tenn. Code Ann, 29-26-122. A signed and completed Certificate of Good Faith that mirrors the information contained in this paragraph is attached as Exhibit 2.

#### VII. PRAYER FOR RELIEF

WHEREFORE PREMISES CONSIDERED, the Plaintiff respectfully prays for the following:

1. That proper process and service issue as provided by law;
2. Plaintiffs receive a compensatory and punitive damage award to be determined by a jury; and
3. Award Plaintiff their discretionary costs in this cause and any other relief, including attorney's fees, that they are legally entitled to receive.

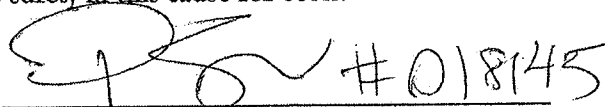
Respectfully submitted,



Parke S. Morris, Esq. #018145  
Attorney for the Plaintiff  
Parke Morris & Associates  
50 Frazier Avenue, Suite 300  
Chattanooga, TN 37405  
(423) 444-9125  
[www.parkemorris.com](http://www.parkemorris.com)  
[parkemorris@gmail.com](mailto:parkemorris@gmail.com)

#### COST BOND

I hereby acknowledge myself as surety in this cause for costs.



Parke S. Morris



MORRIS | CARNAHAN  
attorneys at law

November 22, 2011

*Via Certified U.S. Mail, Return Receipt Requested, with Certificate of Mailing*

CT Corporation, as Registered Agent for South Parkway Associates, L.P. d/b/a Parkway  
Health & Rehabilitation Center  
800 S. Gay Street, Suite 2021  
Knoxville, TN 37929

Administrator  
Parkway Health & Rehabilitation Center  
200 S Parkway W.  
Memphis, Tennessee 38109-1645

Lynn Field, as Registered Agent for Methodist Healthcare-Memphis Hospitals  
1211 Union Avenue  
Suite 700  
Memphis, TN 38104

Administrator  
Methodist Central Hospital  
1265 Union Avenue  
Memphis, Tennessee 38104

Dear Sir/Madam:

This is a Notice of Intent to Sue that is being sent as required by the recently amended Tennessee Medical Malpractice Act. Please provide a complete copy of the chart and all pertinent medical records to Plaintiffs' counsel Parke S. Morris as soon as possible. Plaintiffs' counsel will pay all reasonable copying charges. The address to correspond with Plaintiffs' counsel is through our Nashville office 3301 West End Avenue, Suite 300, Nashville, TN 37203.

Pursuant to Tenn. Code Ann. Section 29-26-121 et seq., Plaintiffs hereby place the above-named parties on formal notice of their Intent to Sue for both the personal injuries and wrongful death of Ms. Elaina Parrett as a result of the medical negligence of the above-named parties due to the development of Stage 4 bedsores as well as other potential actions of medical negligence that may be discovered during the course and scope of discovery.

In accordance with Tennessee Code Annotated Section 29-26-121(a)(1) which is set forth below:

(a)

(1) Any person, or that person's authorized agent, asserting a potential claim for medical malpractice shall give written notice of the potential claim to each health care provider who will be a named defendant at least sixty (60) days before the filing of a complaint based upon medical malpractice in any court of this state.

(2) The notice shall include:

(A) The full name and date of birth of the patient whose treatment is at issue;

(B) The name and address of the claimant authorizing the notice and the relationship to the patient, if the notice is not sent by the patient;

(C) The name and address of the attorney sending the notice, if applicable;

(D) A list of the name and address of all providers being sent a notice; and

(E) A HIPAA compliant medical authorization permitting the provider receiving the notice to obtain complete medical records from each other provider being sent a notice.

- 1) Full name and address of patient at issue: Elnora Parrett; DOB: January 10, 1923; SS# 409-52-9582
- 2) Name and address of claimant authorizing notice and relationship to the patient: Frankie Jean Collins, Biological Daughter of Elnora Parrett. Address: 7929 S. Wentworth; Chicago, IL 60620
- 3) Name and address of attorney sending the notice: Parke S. Morris, Esq., 3301 West End Avenue, Suite 300, Nashville, TN 37203. Cell Direct: (901) 233-5172

- 4) List of name and address of all providers receiving a notice:
- a.) CT Corporation, as Registered Agent for South Parkway Associates, L.P. d/b/a Parkway Health & Rehabilitation Center  
800 S. Gay Street, Suite 2021  
Knoxville, TN 37929
  - b.) Administrator  
Parkway Health & Rehabilitation Center  
200 S Parkway W.  
Memphis, Tennessee 38109-1645
  - c.) Lynn Field, as Registered Agent for Methodist Healthcare-Memphis Hospitals  
1211 Union Avenue  
Suite 700  
Memphis, TN 38104
  - d.) Administrator  
Methodist Central Hospital  
1265 Union Avenue  
Memphis, Tennessee 38104

Pursuant to Section (A)(2)(e), please find enclosed a HIPAA compliant medical authorization permitting each named party to obtain complete medical records from each other provider receiving this Notice of Intent to Sue.

We believe that this letter complies with the letter and spirit of Tenn. Code Ann. §29-26-121. If you or your counsel believe it is deficient in any way, then please promptly let us know and any defect will be promptly cured. If we do not promptly hear from you, then we will assume that you and your legal counsel believe the letter complies with the law in all respects.

Sincerely,

*Parke Morris (w/ permission)*

Parke S. Morris, Esq.

Enclosures (HIPAA Release)

Cc: Lisa L. Wyatt, Esq.  
Colin J. Carnahan, Esq.

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

PATIENT NAME: BLNORA PARRETT

SSN: 409-52-9582

DATE OF BIRTH: JANUARY 10, 1923

1. I authorize the use or disclosure of the above named individual's health information as described below:
2. The following individual or organization is authorized to make the disclosure:

PARKWAY HEALTH AND REHABILITATION CENTER, 200 S. Parkway, Memphis, TN 38109  
SOUTH PARKWAY ASSOCIATES, L.P.  
METHODIST CENTRAL HOSPITAL, 1265 Union Ave, Memphis, TN 38104  
METHODIST HEALTHCARE - MEMPHIS HOSPITALS, 1265 Union Ave, Memphis, TN 38104

3. The type and amount of information to be used or disclosed is as follows:

**ANY & ALL MEDICAL RECORDS INCLUDING BUT NOT LIMITED TO:**

Patient registration form	Correspondence
Office notes & records (including	Claim Forms
records of other physicians in your	Statement of charges & payments
patient chart	Copies of physicians' records & billing statements
Hospital records, including ER reports	Prescription records

Any and all medical records in the chart from any health care provider; Social Worker Notes  
MDS Forms, Care Plans, Nurse's Notes, Progress Notes, Wound Care Treatment Notes, TARs, MARS,  
Physician Orders, Business File Documents, Alternative Dispute/Arbitration/ADR Agreements, Tennessee  
Department of Health Surveys Pertaining to the resident/patient, Discharge Summaries, Initial Assessment  
Documents, Vital Sheets, Weight Sheets, Change in Condition Forms.

4. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.
5. By this or a photostatic copy hereof, this information may be disclosed to and used by the following individual or organization:  
  
PARKWAY HEALTH AND REHABILITATION CENTER, 200 S. Parkway, Memphis, TN 38109  
SOUTH PARKWAY ASSOCIATES, L.P.  
METHODIST CENTRAL HOSPITAL, 1265 Union Ave, Memphis, TN 38104  
METHODIST HEALTHCARE - MEMPHIS HOSPITALS, 1265 Union Ave, Memphis, TN 38104
6. I understand I have the right to revoke this authorization at any time. I understand if I revoke this information I must do so in writing and present my written revocation to the health information management department. I understand the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will remain a valid health care records release.
7. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand I may inspect or copy the information to be used or disclosed, as provided in CFR 164.524. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules.

Date: 11/4/11

Frankie Jean Collins Daugherty  
Patient

Morris & Carnahan, PLLC  
3301 West End Avenue  
Suite 300  
Nashville, Tennessee 37203

CERTIFIED MAIL



7010 3090 0000 2553 5473

Lynn Field

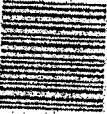
1211 Union Avenue

Ste 700

Memphis, TN 38104

RETURN RECEIPT  
REQUESTED

U.S. POSTAGE  
PAID  
NASHVILLE, TN  
NOV 22 11  
AMOUNT  
\$5.79  
2801198-1

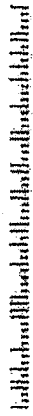


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<p>1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>2. Print your name and address on the reverse so that we can return the card to you.</p> <p>3. Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Non Restricted</p> <p>B. Received by (Print Name) <i>[Signature]</i> <input type="checkbox"/> Restricted Delivery</p> <p>C. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p><i>Administrative</i> <i>Methodist Central Hospital</i> <i>1205 Union Avenue</i> <i>Memphis, TN 38104</i></p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> G.O.D.</p> <p>4. Restricted Delivery? (Enter Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>2. Article Number</p> <p><i>7000 5000 0000 2551 5966</i></p>		<p>U.S. Postal Service <b>CERTIFIED MAIL™ RECEIPT</b> (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a></p>	
<p>PS Form 3800, February 2009</p>		<p><b>OFFICIAL USE</b></p> <p>Postage: <i>10.75</i> <i>0.21</i></p> <p>Certified Fee: <i>0.21</i></p> <p>Return Receipt Fee (if requested): <i>0.00</i></p> <p>Registered Mail Fee (if requested): <i>0.00</i></p> <p>Total Postage &amp; Fees: <i>10.96</i></p> <p><i>Administrative Methodist Central Hospital</i> <i>1205 Union Avenue</i> <i>Memphis TN 38104</i></p>	



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Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Administrator  
 Parkway Health Rehab  
 300 S. Parkway W  
 Memphis, TN 38109

2. Article Number  
 (Transfer from service label) 71 2030 3040 0000 2551 5412

PS Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *11-22-2011*

D. Is delivery address different from item 1? ☐ Yes ☐ No  
 If YES, enter delivery address below:

3. Service Type  
☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

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**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
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 For delivery information visit our website at [www.usps.com](http://www.usps.com)

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 Return Receipt Fee (Enclosed Payment Required) \$4.20 30  
 Restricted Delivery Fee (Enclosed Payment Required) \$0.00  
 Total Postage & Fees \$17.09

NOV 22 2011  
 ASHVILLE TN  
 11/22/2011  
 11/22/2011

Signature *[Signature]*  
 Street Address  
 or PO Box No. 300 S. Gray St. Ste 2021  
 City, State, ZIP+4<sup>®</sup> Memphis, TN 38109

PS Form 3800, August 2009 See Reverse for Instructions

**U.S. Postal Service<sup>®</sup>**  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
 (Domestic Mail Only, No Insurance Coverage Provided)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$10.04 0214  
 Certified Fee \$2.85 11  
 Return Receipt Fee (Enclosed Payment Required) \$4.20 30  
 Restricted Delivery Fee (Enclosed Payment Required) \$0.00  
 Total Postage & Fees \$17.09

NOV 22 2011  
 ASHVILLE TN  
 11/22/2011  
 11/22/2011

Signature *[Signature]*  
 Street Address  
 or PO Box No. 300 S. Parkway W  
 City, State, ZIP+4<sup>®</sup> Memphis, TN 38109

PS Form 3800, August 2009 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Lynn Field  
 211 Union Avenue  
 Ste 710  
 Memphis, TN 38104

2. Article Number  
 (Transfer from service label) 2000 3030 0000 2551 5473

PS Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *11-22-2011*

D. Is delivery address different from item 1? ☐ Yes ☐ No  
 If YES, enter delivery address below:

3. Service Type  
☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

**U.S. Postal Service<sup>®</sup>**  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
 (Domestic Mail Only, No Insurance Coverage Provided)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$10.04 0214  
 Certified Fee \$2.85 11  
 Return Receipt Fee (Enclosed Payment Required) \$4.20 30  
 Restricted Delivery Fee (Enclosed Payment Required) \$0.00  
 Total Postage & Fees \$17.09

NOV 22 2011  
 ASHVILLE TN  
 11/22/2011  
 11/22/2011

Signature *[Signature]*  
 Street Address  
 or PO Box No. 211 Union Avenue Ste 710  
 City, State, ZIP+4<sup>®</sup> Memphis, TN 38104

PS Form 3800, August 2009 See Reverse for Instructions



**Hamlin & Burton**  
LIABILITY MANAGEMENT, INC.

December 1, 2011

Mr. Parke S. Morris  
Morris & Carnahan, PLC  
3301 West End Avenue, Suite 300  
Nashville, TN 37208

RE: Your Client: The Estate of Elnora Parrett  
Our Client: South Parkway Associates, LP dba: Parkway Health & Rehabilitation

Dear Mr. Morris:

Please allow this letter to serve to acknowledge receipt of your Notice of Intent to Sue letter dated November 22, 2011. Hamlin and Burton Liability Management, Inc. is the third party administrator for claims presented against South Parkway Associates, LP dba: Parkway Health & Rehabilitation Center.

Please forward a complete copy of all medical records and expenses incurred by Elnora Parrett as a result of any injuries you believe she sustained during her residency in Parkway Health & Rehabilitation Center. In addition, please provide us with a copy of Elnora Parrett's Certificate of Death and lien documentation to include Medicare, Medicaid, TennCare and any other liens.

If in the future, we determine this claim merits a settlement we must protect the government liens. By protecting these liens, we mean we must include Medicare or any other government lien holder as a payee on at least one settlement check. Please place Medicare on notice of this claim as soon as possible so they may provide you with a "conditional" lien amount.

If you have any expert reviews concerning the medical care and treatment of Elnora Parrett by Parkway Health & Rehabilitation Center, please forward copies for our file and review.

Paul Ciarella

510 Twin Cedars Drive Madison, MS 39110

Phone: (601) 856-9822 | Fax: (321) 972-0122 | paul.ciarella@hamlinandburton.com

**NOTICE:** This communication is confidential, intended for the named recipient(s) and may contain information that is (i) proprietary to the sender, and/or (ii) privileged, confidential and/or otherwise exempt from disclosure under applicable state and federal law, including, but not limited to, privacy standards imposed pursuant to the Federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Receipt by anyone other than the named recipient(s) is not a waiver of any applicable privilege. Thank you in advance for your compliance with this notice.

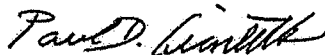


Mr. Parke S. Morris  
December 1, 2011

Please contact me at 601-856-9822, if you wish to discuss this matter, at this time.

Thank you for your attention to this matter.

Sincerely,

  
Paul D. Ciarletta  
Litigation Manager

AFFIDAVIT CERTIFYING COMPLIANCE WITH TENN. CODE ANN. 29-26-  
121(A)(4)

1. I hereby certify, swear and affirm that the attached Notice of Intent to Sue letter was mailed via Certified Mail, Return Receipt requested, on November 22, 2011 to the persons listed in the Notice of Intent to Sue letter. The stamped copy of the Certified Mail Receipt confirms that the letter was indeed mailed on November 22, 2011 to both the Administrator for the Parkway Health and Rehabilitation Center and also to CT Corporation which was serving as the Registered Agent for Parkway Health and Rehabilitation Center. We never received a green card back from CT Corporation.

FURTHER AFFIANT SAITH NOT.

Alex D. Smith

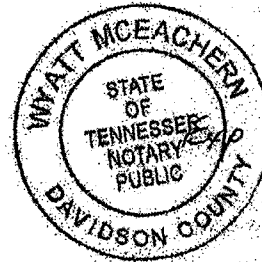
STATE OF TENNESSEE  
COUNTY OF Davidson

Sworn to and subscribed before me this 15 day of August, 2012.

Wyatt D. McEachern  
Notary Public

My Commission Expires:

1/9/2016



MORRIS | CARNAHAN  
attorneys at law

January 10, 2012  
Via U.S. Certified Return Receipt Mail

CT Corporation, as Registered Agent for  
South Parkway Associates, L.P. d/b/a  
Parkway Health & Rehabilitation Center  
800 S. Gay Street, Suite 2021  
Knoxville, TN 37929

Administrator  
Parkway Health & Rehabilitation Center  
200 S. Parkway W.  
Memphis, TN 38109-1645

RE: Patient: Elnora Parrett Medical Records  
DOB: January 10, 1923  
SS#: 409-52-9582

Dear Sir or Madam:

Please be advised that this firm represents Elnora Parrett. Pursuant to Tenn. Code Ann. Section 29-26-121, et seq., a Notice of Intent to Sue ("NOI") letter dated November 22, 2011 and a signed HIPPA form was sent to your attention placing you on formal notice of the intent to sue and requesting the release of a complete copy and all pertinent medical records in the referenced matter. A copy of such is enclosed.

During a follow up phone call with the Administrator, Natalie Berkley, which was made to try and request the medical records, we were told she was advised that she would not be able to release Ms. Elnora Parrett's medical records to this law firm.

This letter serves as our formal attempt to once again request a copy of all medical records from the Parkway Nursing Home pertaining to Elnora Parrett. This letter also confirms that we stand ready to immediately pay for the reasonable cost of producing such medical records.

The address to correspond with Plaintiff's counsel is through our Nashville office: 3301 West End Avenue, Suite 300, Nashville, Tennessee 37203. If we do not

CT Corporation as Registered Agent for South Parkway  
Administrator, Parkway Health & Rehabilitation Center  
January 10, 2012  
Page 2 of 2

hear from you, then we will assume that your facility's position has not changed and you will not be releasing the medical records pertaining to Ms. Elnora Parrett.

Regards,

*Parke S. Morris*

Parke S. Morris, Esq.

*by permission MK*

Enclosures (2)

cc: Frankie Jean Collins

MORRIS | CARNAHAN  
attorneys at law

November 22, 2011

*Via Certified U.S. Mail, Return Receipt Requested, with Certificate of Mailing*

CT Corporation, as Registered Agent for South Parkway Associates, L.P. d/b/a Parkway  
Health & Rehabilitation Center  
800 S. Gay Street, Suite 2021  
Knoxville, TN 37929

Administrator  
Parkway Health & Rehabilitation Center  
200 S Parkway W.  
Memphis, Tennessee 38109-1645

Lynn Field, as Registered Agent for Methodist Healthcare-Memphis Hospitals  
1211 Union Avenue  
Suite 700  
Memphis, TN 38104

Administrator  
Methodist Central Hospital  
1265 Union Avenue  
Memphis, Tennessee 38104

Dear Sir/Madam:

This is a Notice of Intent to Sue that is being sent as required by the recently amended Tennessee Medical Malpractice Act. Please provide a complete copy of the chart and all pertinent medical records to Plaintiffs' counsel, Parks S. Morris as soon as possible. Plaintiffs' counsel will pay all reasonable copying charges. The address to correspond with Plaintiffs' counsel is through our Nashville office, 3301 West End Avenue, Suite 300, Nashville, TN 37203.

Pursuant to Tenn. Code Ann. Section 29-26-121 et seq., Plaintiffs hereby place the above-named parties on formal notice of their Intent to Sue for both the personal injuries and wrongful death of Ms. Eltona Parrett as a result of the medical negligence of the above-named parties due to the development of Stage 4 bedsore as well as other potential actions of medical negligence that may be discovered during the course and scope of discovery.

In accordance with Tennessee Code Annotated Section 29-26-121(a)(1) which is set forth below:

(a)

(1) Any person, or that person's authorized agent, asserting a potential claim for medical malpractice shall give written notice of the potential claim to each health care provider who will be a named defendant at least sixty (60) days before the filing of a complaint based upon medical malpractice in any court of this state.

(2) The notice shall include:

(A) The full name and date of birth of the patient whose treatment is at issue;

(B) The name and address of the claimant authorizing the notice and the relationship to the patient, if the notice is not sent by the patient;

(C) The name and address of the attorney sending the notice, if applicable;

(D) A list of the name and address of all providers being sent a notice; and

(E) A HIPAA compliant medical authorization permitting the provider receiving the notice to obtain complete medical records from each other provider being sent a notice.

- 1) Full name and address of patient at issue: Elnora Parrett; DOB: January 10, 1923; SS# 409-52-9582
- 2) Name and address of claimant authorizing notice and relationship to the patient: Frankie Jean Collins, Biological Daughter of Elnora Parrett. Address: 7929 S. Wentworth; Chicago, IL 60620
- 3) Name and address of attorney sending the notice: Parke S. Morris, Esq., 3301 West End Avenue, Suite 300, Nashville, TN 37203. Cell Direct: (901) 233-5172

- 4) List of name and address of all providers receiving a notice:
- a.) CT Corporation, as Registered Agent for South Parkway Associates, L.P. d/b/a Parkway Health & Rehabilitation Center  
800 S. Gay Street, Suite 2021  
Knoxville, TN 37929
  - b.) Administrator  
Parkway Health & Rehabilitation Center  
200 S Parkway W.  
Memphis, Tennessee 38109-1645
  - c.) Lynn Field, as Registered Agent for Methodist Healthcare-Memphis Hospitals  
1211 Union Avenue  
Suite 700  
Memphis, TN 38104
  - d.) Administrator  
Methodist Central Hospital  
1265 Union Avenue  
Memphis, Tennessee 38104

Pursuant to Section (A)(2)(e), please find enclosed a HIPAA compliant medical authorization permitting each named party to obtain complete medical records from each other provider receiving this Notice of Intent to Sue.

We believe that this letter complies with the letter and spirit of Tenn. Code Ann. §29-26-121. If you or your counsel believe it is deficient in any way, then please promptly let us know and any defect will be promptly cured. If we do not promptly hear from you, then we will assume that you and your legal counsel believe the letter complies with the law in all respects.

Sincerely,

*Parke S. Morris (w/ permission)*  
*LSW*

Parke S. Morris, Esq.

Enclosures (HIPAA Release)

Cc: Lisa L. Wyatt, Esq.  
Colin J. Carnahan, Esq.

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

PATIENT NAME: BLNORA PARRETT

SSN: 409-52-9582

DATE OF BIRTH: JANUARY 10, 1923

1. I authorize the use or disclosure of the above named individual's health information as described below:
2. The following individual or organization is authorized to make the disclosure:

PARKWAY HEALTH AND REHABILITATION CENTER, 200 S. Parkway, Memphis, TN 38109  
SOUTH PARKWAY ASSOCIATES, L.P.  
METHODIST CENTRAL HOSPITAL, 1265 Union Ave, Memphis, TN 38104  
METHODIST HEALTHCARE - MEMPHIS HOSPITALS, 1265 Union Ave, Memphis, TN 38104

3. The type and amount of information to be used or disclosed is as follows:

**ANY & ALL MEDICAL RECORDS INCLUDING BUT NOT LIMITED TO:**

Patient registration form	Correspondence
Office notes & records (including	Claim Forms
records of other physicians in your	Statement of charges & payments
patient chart	Copies of physicians' records & billing statements
Hospital records, including ER reports	Prescription records
Any and all medical records in the chart from any health care provider; Social Worker Notes	
MDS Forms, Care Plans, Nurse's Notes, Progress Notes, Wound Care Treatment Notes, TARs, MARS,	
Physician Orders, Business File Documents, Alternative Dispute/Arbitration/ADR Agreements, Tennessee	
Department of Health Surveys Pertaining to the resident/patient, Discharge Summaries, Initial Assessment	
Documents, Vital Sheets, Weight Sheets, Change in Condition Forms.	

4. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.
5. By this or a photostatic copy hereof, this information may be disclosed to and used by the following individual or organization:  
  
PARKWAY HEALTH AND REHABILITATION CENTER, 200 S. Parkway, Memphis, TN 38109  
SOUTH PARKWAY ASSOCIATES, L.P.  
METHODIST CENTRAL HOSPITAL, 1265 Union Ave, Memphis, TN 38104  
METHODIST HEALTHCARE - MEMPHIS HOSPITALS, 1265 Union Ave, Memphis, TN 38104
6. I understand I have the right to revoke this authorization at any time. I understand if I revoke this information I must do so in writing and present my written revocation to the health information management department. I understand the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will remain a valid health care records release.
7. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand I may inspect or copy the information to be used or disclosed, as provided in CFR 164.524. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules.

Date: 11/4/11

Blunora Parrett  
Patient



Parrett, Elnora:  
200015

NORTH CHATTANOOGA STATION  
CHATTANOOGA, Tennessee  
374059998

01/10/2012 4761480605 -0097 02:50:07 PM  
4281265-4537

Product Description	Sale Unit	Qty	Price	Final Price
MEMPHIS TN 38109 Zone-3 First-Class Letter 1.80 oz. Expected Delivery: Thu 01/12/12 Return Receipt (Green Card) Certified Label #:				\$0.64
Issue PVI:				\$5.79
KNOXVILLE TN 37929 Zone-2 First-Class Letter 1.20 oz. Expected Delivery: Thu 01/12/12 Return Receipt (Green Card) Certified Label #:				\$0.64
Issue PVI:				\$5.79

Total: \$11.58

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MasterCard \$11.58  
Account #: XXXXXXXXXX05390  
Approval #: 297370  
Transaction #: 11  
26 903580892

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Return Receipt Fee (Endorsement Required)	\$	12.20
Restricted Delivery Fee (Endorsement Required)	\$	10.00
Total Postage & Fees	\$	45.39

01/10/2012

Administrative Parkway W  
Knoxville TN 37929

US Form 3800, August 2006 See reverse for instructions

U.S. Postal Service  
CERTIFIED MAIL<sup>®</sup> RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com).

OFFICIAL USE

Postage	\$	10.64
Certified Fee	\$	12.55
Return Receipt Fee (Endorsement Required)	\$	12.20
Restricted Delivery Fee (Endorsement Required)	\$	10.00
Total Postage & Fees	\$	45.39

01/10/2012

CT Corp as RA Partnership  
Knoxville TN 37929

US Form 3800, August 2006 See reverse for instructions

## COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

CT Corporation as Registered Agent for South Parkway Associates of/for Parkway Health and Rehabilitation Center  
800 S. Gay Street  
Knoxville TN 37929

## 2. Article Number

(Transfer from service label)

7010 1670 0000 4115 2948

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

## COMPLETE THIS SECTION ON DELIVERY

A. Signature *Chicka Fug* ☐ Agent  
**X** ☐ Addressee

B. Received by *JAN 12 2012* C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## Service Type

☒ Certified Mail ☐ Express Mail  
☒ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

UNITED STATES POSTAL SERVICE

• Sender: Please print your name, address, and ZIP+4 in this box •

Mindy Kral  
Morris Carnahan PLC  
50 Frazier Ave, Ste 300  
Chattanooga TN 37405

*Perloff*

11/1/12 11:11 AM

## COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete 4 if Restricted Delivery is desired.  
Print your name and address on the reverse so that we can return the card to you.  
Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

CT Corporation as Registered  
Agent for South Parkway  
Associates of Boca Parkway  
Health and Rehabilitation Center  
800 S. Gay Street  
Knoxville TN 37929

## COMPLETE THIS SECTION ON DELIVERY

A. Signature *Ericka Fay* ☐ Agent  
**X** ☐ Addressee

B. Received by *JAN 12 2012* C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## Service Type

☒ Certified Mail ☐ Express Mail  
☒ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

## 2. Article Number

(Transfer from service label)

7010 1670 0000 4115 2948

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE

• Sender: Please print your name, address, and ZIP+4 in this box •

Mindy Kral  
Morris Carnahan PLC  
50 Frazier Ave, Ste 300  
Chattanooga TN 37405

First-Class Mail  
Postage & Fees  
115PS  
Permit No. G-16

*Permit*

11/1/12 11:11 AM

**AFFIDAVIT CERTIFYING COMPLIANCE WITH  
TENN. CODE ANN. 29-26-121(A)(4)**

1. I hereby certify, swear and affirm that the attached Notice of Intent to Sue letter was again mailed via Certified Mail, Return Receipt requested, on January 10, 2012 to the persons listed in the Notice of Intent to Sue letter. The stamped copy of the Certified Mail Receipt confirms that the letter was indeed mailed on January 10, 2012 to both the Administrator for the Parkway Health and Rehabilitation Center and also to CT Corporation which was serving as the Registered Agent for Parkway Health and Rehabilitation Center.
2. Although we believed that we had fully complied with the requirements of the Tennessee Medical Malpractice Act, the January 10, 2012 second NOI letter was sent because we had not received the requested medical records from Parkway Nursing Home.
3. All of the documents sent in this second NOI letter dated August 8, 2012 are attached hereto.

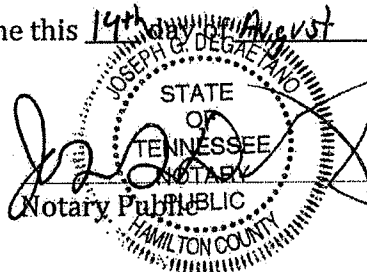
FURTHER AFFIANT SAITH NOT.

Mindy Kral

STATE OF TENNESSEE

COUNTY OF Hamilton

Sworn to and subscribed before me this 14th day of August, 2012.



My Commission Expires: 4-6-13



IN THE CIRCUIT COURT OF TENNESSEE  
FOR THE 30TH JUDICIAL DISTRICT SHELBY COUNTY AT MEMPHIS, TENNESSEE

---

FRANKIE JEAN COLLINS, as  
Daughter and on behalf of the Wrongful  
Death Beneficiaries of ELNORA PARRETT

Plaintiffs,

vs.

Docket No. \_\_\_\_\_  
**JURY DEMANDED**

SOUTH PARKWAY ASSOCIATES d/b/a  
PARKWAY HEALTH & REHABILITATION CENTER

Defendant.

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**CERTIFICATE OF GOOD FAITH**

**Medical Malpractice-Health Care Liability Case**

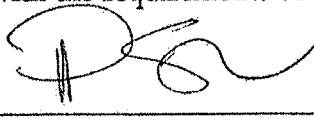
**PLAINTIFF'S FORM**

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In accordance with T.C.A. § 29-26-122, I hereby state the following:

1. Plaintiff's counsel has consulted with one (1) or more experts who have provided a signed written statement confirming that upon information and belief they:
  - (A) Are competent under § 29-26-115 to express opinion(s) in the case; and
  - (B) Believe, based on the information available from the medical records concerning the care and treatment of the Plaintiff for the incident(s) at issue, that there is a good faith basis to maintain the

action consistent with the requirements of § 29-26-115.

 # 18145

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I have been found in violation of T.C.A. § 29-26-122 0 prior times.